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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/895,430
	Filing Date	06/29/2001
	First Named Inventor	Sorenson
	Group Art Unit	1724
	Examiner Name	C. T. Barry
Total Number of Pages in This Submission	Attorney Docket Number B-053	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Receipt Postcard</b>
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:**

Kent S. Sorenson

**Serial No.:** 09/895,430

**Filed:** June 29, 2001

**For:** HALOGENATED SOLVENT  
REMEDICATION

**Examiner:** C. T. Barry

**Group Art Unit:** 1727

**Attorney Docket No.:** B-053

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Sir:

In response to the Office Actions mailed October 7, 2003, and March 4, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Amendments to the Drawings begin on page 16 of this paper and include an attached replacement sheet.

Remarks begin on page 17 of this paper.